


# FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted <b>Denali Commission</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency <b>0130-DC-2004-117</b>		OMB Approval No. <b>0348-0038</b>	Page of <b>1</b> of <b>1</b> pages
3. Recipient Organization (Name and complete address, including ZIP code) <b>Four Dam Pool Power Agency 1301 Huffman Rd Ste 201 Anchorage, AK 99511-0987</b>					
4. Employer Identification Number <b>92-0174669</b>		5. Recipient Account Number or Identifying Number <b>DUNS # 06-711-3931 CFDA 90.100</b>		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) <b>5/1/2004</b>		To: (Month, Day, Year) <b>12/31/2006</b>		9. Period Covered by this Report From: (Month, Day, Year) <b>7/1/2006</b>	
				To: (Month, Day, Year) <b>9/30/2006</b>	
10. Transactions:					
		I Previously Reported	II This Period	III Cumulative	
a. Total outlays		59,027,417.39	227,513.20	59,254,930.59	
b. Recipient share of outlays		55,465,496.86	18,521.75	55,484,018.61	
c. Federal share of outlays		3,561,920.53	208,991.45	3,770,911.98	
d. Total unliquidated obligations				87,692.54	
e. Recipient share of unliquidated obligations				58,129.54	
f. Federal share of unliquidated obligations				29,500.00	
g. Total Federal share(Sum of lines c and f)				3,800,411.98	
h. Total Federal funds authorized for this funding period				4,974,400.00	
i. Unobligated balance of Federal funds(Line h minus line g)				1,173,988.02	
11. Indirect Expense					
a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
b. Rate		c. Base	d. Total Amount	e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title <b>Dave Carlson CEO</b>			Telephone (Area code, number and extension) <b>907-258-7752</b>		
Signature of Authorized Certifying Official 			Date Report Submitted <b>October 23, 2006</b>		

SN 7540-01-218-4387

269-202

Standard Form 269A (Rev. 7-97)

Prescribed by OMB Circulars A-102 and A-111

ACCEPTED

ENTERED